

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.	FILED DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	BD	DEP	BD	DEP	BD	DEP		BD	DEP	BD	DEP	BD	DEP
1								31					
2								32					
3								33					
4								34					
5								35					
6								36					
7								37					
8								38					
9								39					
10								40					
11								41					
12								42					
13								43					
14								44					
15								45					
16								46					
17								47					
18								48					
19								49					
20								50					
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL BD.								TOTAL BD.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					

39/16